

Candidate Intention Statement

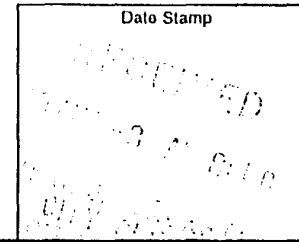
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CANCEL THE INTENTION

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment



1. Candidate Information

FULL NAME OF CANDIDATE (LAST, FIRST, MIDDLE)

Howard, Emily, Alexander

ADDRESS (NO. AND STREET)

852 Alder Pl.

DAYTIME PHONE

(209) 369-2476

CITY

LOO1

STATE

CA.

ZIP CODE

95343

FAX

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E-MAIL (OPTIONAL)

2. Office Sought

OFFICE SOUGHT (POSITION TITLE)

LOO1 City Council

DISTRICT NUMBER

NA

☒ NON-PARTISAN

PARTY:

YEAR OF ELECTION

2000

PUBLIC AGENCY NAME

City of LOO1

TYPE OF ELECTION (Check One If Applicable)

☐ Special

☐ Recall

NA.

JURISDICTION OF ELECTIVE OFFICE SOUGHT (Check One)

☐ STATE

☐ COUNTY OF _____

☐ MULTI-COUNTY

☒ CITY OF *LOO1*

3. Verification

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on *8-2-00*
DATE

By *Emily A. Howard*
SIGNATURE OF CANDIDATE

FPPC Form 501 (8/99)

For Technical Assistance: 916/322-5660

mailed away to Sec. of State on 8/3/00.